SECRETAR PAGETHESSENATE

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE	(in full)	TYPE OR PRIN	τ ▼		ample: If typin er the lines.	g, type	12FE41		
Ben Cardin	for Senate	, Inc.	1 1	<u> </u>	<u>. 1 1 1 1 1 1 1 1 1 1 </u>	<u> </u>	1111	. <u>l. 1 1</u>	1 1 1 1 1
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ADDRESS (number and street)			3 ———	111	<u> </u>		1111	1 1 1	
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than pre reported		Catonsville	1.1.				MD	21228	
2. FEC IDENT	IFICATION N	JMBER ▼	-	CITY			STATE A		ZIP CODE
C C004	11587 Sometic and a second		3	. IS THIS REPORT	NEW (N)	OR	AME (A)	NDED	STATE ▼ DISTRICT
4. TYPE OF	REPORT (Ch	oose One)	(b)	12-Day PRE	-Election Repo	rt for th	ie:		
(a) Quarterly Reports: April 15 Quarterly Report (Q1)				, =07 b 5 }	Primary (12P)	j	General	(12G)	Runoff (12R)
					Convention (*	12C)	· ·. Special		, ,
	15 Quarterly R	eport (Q2)					,		in the
× Oct	October 15 Quarterly Report (Q3)			Election on	- -				State of
Jan	uary 31 Year-En	d Report (YE)	(c)	30-Day POS	T-Election Rep	ort for t	the:		
				*	General (30G))	Runoff ((30R)	Special (30S)
: Terr	nination Report	(TER)		Election on	M M /	a ā .	* / Y * Y Y Y	Y ;	in the State of
5. Covering Per	iod 07	M	:	2011	through	, M	09 . 30 . 30 . 30 . 30 . 30 . 30 . 30 .	/ * Y	y
I certify that I hav	e examined thi	is Report and to	the	best of my kn	owledge and b	elief it i	is true, correct a	nd com	plete.
Type or Print Nan	ne of Treasurer	Advin Hale	w						
Signature of Treas	surer	4					Date 10		2011 Y
	of false, errone	ous, or incomple	te inf	ormation may s	subject the pers	on signi	ng this Report to	the pen	alties of 2 U.S.C. §437g.
Office	1							, ,	